

www.mass.gov/abcc

LICENSE NUMBER: 03720000	)1	CITY OR TOWN EDGARTC	OWN
APPLICATION FOR RENEWA	AL: Annual	LICENSED FOR 20	013
	CLASS		YEAR
LICENSEE NAME: LATCO,	INC.		
DOING BUSINESS A LATTA	NZI'S		
ADDRESS 19 CHURCH ST			
CITY/TOWN: EDGARTOWN	STATE: MA	ZIP CODE: 02539	
MANAGER: LATTANZI, ALBERT A.	TYPE OF LICENSE: Ro	estaurant CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO	VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	-
DESCRIPTION OF LICENSEI			
WOOD FRAME BUILDING W	/ITH SEATING, KITCHEN,	WN PARKING L OT. SINGLE FI RESTROOMS AND S TORAGE RONT OF ESTABLISH MENT.	
I hereby certify and swear under	penalties of perjury that:		
1. the renewed license	will be of the same type for th	e same premises now licensed;	
2. the licensee has com	plied with all laws of the Com	nmonwealth relating to taxes; and	
3. the premises are now	open for business (If not exp	lain below)	
SIGNED BY	al, Partner or Authorized Corp	oorate Officer	
marviau	ii, i artifer of Authorized Corp	orate officer	
DATE: TE	LEPHONE NUMBER:	EMPLOYER IDENTIFICAT	ION NUMBER:
T.E.	LEI HONE NOMBER.	(Note: NOT Individual Social S	ecurity Number)
Acts of 2004, signed by the bu	ilding inspector and the hea	he certificate required by Chaptond of the fire department for the urance required by Chapter 116	above
Please Check Below:		LOCAL LICENSING AUTHO	ORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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LICENSE NUMBE	R: 037200004		CITY OR TOWN	EDGARTOWN
APPLICATION FO	OR RENEWAL:	Annual	LICENS	ED FOR 2013
		CLASS		YEAR
LICENSEE NAME	: COOGAN FA	AMILY INC.		
DOING BUSINESS	S A WHARF PU	UB & RESTAURANT		
ADDRESS DOCK	ST & MAIN ST	•		
CITY/TOWN: ED	GARTOWN	STATE: MA	ZIP CODE:	02539
	OGAN, LLIAM R.H.	TYPE OF LICENSE: Res	staurant CA	TEGORY: All Alcohol
EMAIL ADDRESS	:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION OF	LICENSED PR	REMISES:		
		OND FLOORS. RESTAUF ST AND MAYHEW LAN		OOR. ENTRANCES
I hereby certify and	swear under per	nalties of perjury that:		
1. the renev	wed license will	be of the same type for the	same premises now l	icensed;
2. the licen	see has complied	d with all laws of the Comm	nonwealth relating to	taxes; and
3. the prem	ises are now ope	en for business (If not expla	nin below)	
SIGNED BY				
	Individual, P	artner or Authorized Corpo	rate Officer	
DATE:	TELEF	PHONE NUMBER:		IDENTIFICATION NUMBER:
			(Note: NOT Indiv	vidual Social Security Number)
Acts of 2004, signe	ed by the buildi	ve are in possession (1) the ing inspector and the head ate of liquor liability insu	l of the fire departm	ent for the above
Please Check Below:			LOCAL LICENSI	NG AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved exp	iain)			
DATE:				



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LICENSE NUN	MBER: 037200005		CITY OR TOWN	I EDGARTO	WN
APPLICATION	N FOR RENEWAL:	Annual	LICE	NSED FOR 20	13
		CLASS		•	YEAR
LICENSEE NA DOING BUSIN	ME: EDGARTOWN NESS A	YACHT CLUB, INC.			
ADDRESS FO	OT MAIN ST				
CITY/TOWN:	EDGARTOWN	STATE: MA	ZIP CODE:	02539	
MANAGER:	ROMAN, T WILLIAM J.	YPE OF LICENSE: CI	ub (	CATEGORY:	All Alcohol
EMAIL ADDR	ESS:				
	PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
	N OF LICENSED PREM				
PORCH AROU	S AND EXITS FROM I IND IT, SMALL BALC OM AND CLAM BAR	CONY FORWARD WI	TH NO CELLAR S		
I hereby certify	and swear under penalt	ies of perjury that:			
1. the r	renewed license will be	of the same type for the	e same premises nov	w licensed;	
2. the l	icensee has complied w	ith all laws of the Com	monwealth relating	to taxes; and	
3. the p	premises are now open f	or business (If not exp	ain below)		
SIGNED BY	Individual, Partı	ner or Authorized Corp	orate Officer		
DATE:	TELEPHO	ONE NUMBER:	EMPLOYE	ER IDENTIFICATI	ION NUMBER:
			(Note: NOT I	ndividual Social Se	ecurity Number)
Acts of 2004, s	signed, attest that we a signed by the building and (2) the certificate	inspector and the hea	d of the fire depar	tment for the	above
Please Check Below	<u>w:</u>		LOCAL LICEN	ISING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVE					
(If disapproved	explain)		-		
D . TT					
DATE:					



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	03/20000/		CITY OR TO	WN EDGARIO	JWN
APPLICATION FOR	RENEWAL:	Annual	LI	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	Scout Kelley Ho	ouse Management, LLC	C		
DOING BUSINESS A	THE KELLEY	HOUSE			
ADDRESS KELLEY	ST				
CITY/TOWN: EDGA	ARTOWN	STATE: MA	ZIP CODI	E: 02539	
MANAGER: HILL,	JOHN R. T	YPE OF LICENSE: Ir	nholder	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PI	EASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF L	CENSED PREM	MISES:			
BLDG. CONTAINS S CELLAR & STORAG WHICH SEATS 55					
I hereby certify and sw	ear under penalt	ies of perjury that:			
1. the renewed	l license will be	of the same type for th	e same premises	now licensed;	
2. the licensee	has complied w	ith all laws of the Con	nmonwealth relat	ing to taxes; and	
3. the premise	s are now open f	for business (If not exp	olain below)		
SIGNED BY			0.00		
	Individual, Partr	ner or Authorized Corp	oorate Officer		
DATE:			EMDI	OVED IDENTIFICAT	EION NII IMBED
DATE.	TELEPHO	ONE NUMBER:		OYER IDENTIFICAT O <u>T</u> Individual Social S	
			(2.2222 <u>2.70</u>		(4111001)
We the undersigned, Acts of 2004, signed named license and (2 of 2010.	by the building	inspector and the he	ad of the fire de	partment for the	above
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	1)				
DATE:					



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LICENSE NUMBER: 037200011		CITY OR TOWN EDGARTOWN	
APPLICATION FOR RENEWA	L: Annual	LICENSED FOR 2013	
	CLASS	YEAR	
LICENSEE NAME: 11 NORTH	H WATER, LLC		
DOING BUSINESS A ELEVEN	NORTH		
ADDRESS 11 NORTH WATER	ST		
CITY/TOWN: EDGARTOWN	STATE: MA	ZIP CODE: 02539	
MANAGER: KOERNER, JONATHAN	TYPE OF LICENSE: Rest	taurant CATEGORY: All Alcohol	
EMAIL ADDRESS:			
PLEASE ALSO VI	SIT OUR WEBSITE AND ENTER YOUR EM.	AIL ADDRESS	
DESCRIPTION OF LICENSED			
2 STORY BLDG. W/ 2100 S/F PTABLES. 2ND FLOOR - STOOI		LOOR SEATING 20 PERSONS, CAFE AR; SEATING FOR 88.	
I hereby certify and swear under j	penalties of perjury that:		
1. the renewed license w	ill be of the same type for the s	same premises now licensed;	
2. the licensee has compl	lied with all laws of the Comm	onwealth relating to taxes; and	
3. the premises are now of	open for business (If not explain	in below)	
SIGNED BY			
Individual	, Partner or Authorized Corpor	rate Officer	
DATE: TEL	EPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:	
		(Note: NOT Individual Social Security Number)	
Acts of 2004, signed by the buil	lding inspector and the head	certificate required by Chapter 304 of the of the fire department for the above rance required by Chapter 116 of the Acts	
Please Check Below:		LOCAL LICENSING AUTHORITY	
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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LICENSE NUMBER	k: 037200012		CITY OR TOW	'N EDGARTO	JWN
APPLICATION FOR	R RENEWAL:	Annual	LICI	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	Scout Harbor View	Management, LLC			
DOING BUSINESS	A HARBOR VIEW	HOTEL			
ADDRESS 131 NOR	RTH WATER ST.				
CITY/TOWN: EDG	GARTOWN	STATE: MA	ZIP CODE:	02539	
MANAGER: CLEA	ARY, JAMES TYI	PE OF LICENSE: In	nholder	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
:	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF I					
LOCATED AT 131 WITH 4 FLRS, CEL				TO THE SAMI	E. HOTEL
I hereby certify and s	wear under penalties	of perjury that:			
1. the renew	ed license will be of	the same type for th	e same premises n	ow licensed;	
2. the license	ee has complied with	all laws of the Con	nmonwealth relatin	g to taxes; and	
3. the premis	ses are now open for	business (If not exp	olain below)		
SIGNED BY					
SIGNED D1	Individual, Partner	or Authorized Corp	oorate Officer		
D.A.TE					
DATE:	TELEPHON	E NUMBER:		YER IDENTIFICAT Individual Social S	
			(Note: NOT	ilidividuai Sociai S	security Number)
We the undersigned					
Acts of 2004, signed named license and (					
of 2010.					
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: [ (If disapproved explain	l nin)				
( alouppio , ou explo	,				
DATE:					
APPLICATION FOR RENEW	VAL MUST BE FILED BY L	ICENSEES DURING THE	MONTH OF NOVEMBE	R (M.G.L. Ch. 138 \$ 1	6A)



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LICENSE NUMBER	03/200020		CITY OR TO	WN EDGARIO	OWN
APPLICATION FOR	RENEWAL:	Annual	LIC	CENSED FOR 2	.013
		CLASS			YEAR
LICENSEE NAME:	ISLAND EPIC	URE, INC			
DOING BUSINESS A	A THE SQUAR	RE RIGGER RESTAUR	RANT		
ADDRESS COUNTY	RD. & STATE	E RD.			
CITY/TOWN: EDG	ARTOWN	STATE: MA	ZIP CODE	E: 02539	
MANAGER: REZE DORE	NDES, EEN A.	TYPE OF LICENSE:R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OF	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF L	ICENSED PRE	EMISES:			
SOUTHERLY SIDE,	EXIT/ENT ON LOUNGE, CAP.	D DOOR ON WESTEI EASTERLY SIDE. 1S ACITY OF 60, MENS	T FLR WITH SE	EPARATE ENCI	LOSED
I hereby certify and sv	vear under pena	lties of perjury that:			
1. the renewe	d license will be	e of the same type for the	ne same premises	now licensed;	
2. the license	e has complied	with all laws of the Cor	nmonwealth relati	ng to taxes; and	
3. the premis	es are now open	for business (If not exp	plain below)		
SIGNED BY	Individual, Par	tner or Authorized Cor	porate Officer		
DATE:	TELEPH	IONE NUMBER:		OYER IDENTIFICA	
			(Note: NO	<u><b>r</b></u> Individual Social	Security Number)
Acts of 2004, signed	by the building	are in possession (1) t g inspector and the he te of liquor liability ins	ad of the fire dep	partment for the	e above
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:			Ву:		
DISAPPROVED:					
(If disapproved explain	n)				
DATE:			-		,



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## OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: U	37200024		CITY OR TOWN	EDGARIC	) W IN	
APPLICATION FOR R	ENEWAL:	Annual	LICE	NSED FOR 20	013	
		CLASS			YEAR	
LICENSEE NAME: A DOING BUSINESS A ADDRESS 258 UPPER		GE STORE,INC				
CITY/TOWN: EDGA		STATE: MA	ZIP CODE:	02539		
		TYPE OF LICENSE: Pa		CATEGORY:	All Alcohol	
EMAIL ADDRESS:						
PLE	CASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		<b>⊿</b>	
DESCRIPTION OF LIG	CENSED PRE	EMISES:				
	FRAME CO	HURST RD AND REAI DNSISTING OF SALES EMENT				
I hereby certify and swe	ar under pena	lties of perjury that:				
1. the renewed	license will be	e of the same type for the	e same premises nov	w licensed;		
2. the licensee	has complied	with all laws of the Com	monwealth relating	to taxes; and		
3. the premises	are now open	n for business (If not expl	ain below)			
SIGNED BY	ndividual Da	strong on Authorized Com	oroto Officer			
1	naividuai, Pai	rtner or Authorized Corp	orate Officer			
DATE:	TELEPH	HONE NUMBER:		ER IDENTIFICAT ndividual Social S		
Please Check Below: APPROVED:			LOCAL LICEN By:	ISING AUTHO	ORITY	
DISAPPROVED:						
(If disapproved explain)	)					
DATE:						



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## OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	13/200025		CITY OR TO	IWN EDGAR	IOWN
APPLICATION FOR I	RENEWAL:	Annual	LI	CENSED FOR	2013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A		_	PRS, LTD		
ADDRESS STATE &	VINEYARD I	HAVEN RD			
CITY/TOWN: EDGA	RTOWN	STATE: M	A ZIP COD	E: 02539	
MANAGER: LOVEI JAMIS		TYPE OF LICENSE:	Package Store	CATEGORY	: All Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT O	UR WEBSITE AND ENTER YOU	R EMAIL ADDRESS		
DESCRIPTION OF LI	CENSED PRI	EMISES:			
WOOD FRAME BUIL GROCERIES. STORA				ACCOMODAT	Έ
2. the licensee 3. the premises SIGNED BY	has complied s are now oper	e of the same type for with all laws of the Conformation for business (If not extract or Authorized Conformation)	ommonwealth rela xplain below)		d
	marviduai, Fai	tulei of Authorized Co	rporate Officer		
DATE:	TELEPH	HONE NUMBER:		OYER IDENTIFICA OYER IDENTIFICA OYER IDENTIFICATION	
Please Check Below: APPROVED:				CENSING AUT	HORITY
DISAPPROVED:			By:		
(If disapproved explain	)				
DATE:					



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## OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	037200036		CITY OR TOW	'N EDGARTO	)WN
APPLICATION FOR	RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	MCWINERY,	INC			
DOING BUSINESS A	TOWN PROV	ISION CO			
ADDRESS MAYHEV	V LANE				
CITY/TOWN: EDG	ARTOWN	STATE: MA	ZIP CODE:	02539	
MANAGER: MCGF BRIO		ΓΥΡΕ OF LICENSE: Pα	ackage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					]
P	LEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF L					
FIRST FLOOR RETA	AIL SPACE, SE	COND FLOOR STORA	AGE		
	es are now open	with all laws of the Con for business (If not exp	lain below)	g to taxes; and	
	Individual, Part	tner or Authorized Corp	oorate Officer		
DATE:	TELEPH	ONE NUMBER:		YER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	 n)		LOCAL LICE By:	INSING AUTH	ORITY
DATE:					



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 037200038		CITY OR TOWN	EDGARTO	OWN
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 20	)13
		CLASS			YEAR
LICENSEE NA	AME: EDGARTOW	N PIZZA, LLC			
DOING BUSI	NESS A EDGARTOV	VN PIZZA SHOPPE			
ADDRESS 22	4 MAIN ST				
CITY/TOWN:	: EDGARTOWN	STATE: MA	ZIP CODE:	02539	
MANAGER:	WHITE, CHRISTINE C.	TYPE OF LICENSE:R	Restaurant Ca	ATEGORY:	Wine and Malt Regular
EMAIL ADDI	RESS:				
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
	N OF LICENSED PRE				
		M AND KITCHEN. DE EXIT ON NORTH, EA			
	premises are now oper	with all laws of the Corn for business (If not expertment or Authorized Corn	plain below)	o taxes, and	
DATE:	TELEPH	HONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Acts of 2004,	signed by the buildin	e are in possession (1) t g inspector and the he te of liquor liability ins	ad of the fire departı	ment for the	above
Please Check Belo			LOCAL LICENS	SING AUTHO	ORITY
APPROVED: DISAPPROVI			By:		
(If disapproved					
· FF	1 /				
D + 177					
DATE:					



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LICENSE NUMBER	: 03/200043		CITY OR TOWN	EDGARIC	) W IN
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	ALCHEMY RE	STAURANT LLC			
DOING BUSINESS	A ALCHEMY				
ADDRESS 71 MAIN	I ST				
CITY/TOWN: EDG	SARTOWN	STATE: MA	ZIP CODE:	02539	
		YPE OF LICENSE: Res	staurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
L	PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR EN	MAIL ADDRESS		_
DESCRIPTION OF I	LICENSED PREM	MISES:			
AREA, PORCH, BA	THROOM; 2ND I NT PORCH, SER	MENT USED FOR STO FL. DINING ROOM, O VICE AREA AND SID	FFICE AUX DINI	NG ROOM,	
I hereby certify and s	wear under penalt	ies of perjury that:			
1. the renew	ed license will be	of the same type for the	same premises now	licensed;	
2. the license	ee has complied w	rith all laws of the Comm	nonwealth relating t	o taxes; and	
3. the premis	ses are now open f	For business (If not expla	nin below)		
SIGNED BY	Individual, Partı	ner or Authorized Corpo	orate Officer		
DATE:	TELEPHO	ONE NUMBER:			TION NUMBER:
			(Note: NOT Inc	lividual Social S	Security Number)
Acts of 2004, signed	by the building	are in possession (1) the inspector and the head of liquor liability insu	l of the fire depart	ment for the	above
Please Check Below:			LOCAL LICENS	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	in)				
DATE:			-		
DAIE.					



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LICENSE NUMBER:	037200048		CI	TY OR TOW	'N EDGART	OWN
APPLICATION FOR	RENEWAL:	Annu	al	LIC	ENSED FOR 2	013
		CLAS	SS			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 1 COOKE	A EDGARTOWN					
CITY/TOWN: EDGA		STATE:	MA	ZIP CODE:	02539	
MANAGER: MOFF	ET, JOHN S TY	PE OF LICEN	SE:Club		CATEGORY:	All Alcohol
EMAIL ADDRESS:	·					
PI	LEASE ALSO VISIT OUR V	VEBSITE AND ENTER	YOUR EMAIL	ADDRESS		
DESCRIPTION OF L ONE STORY BUILD			THREE SM	MALL ROOM	IS	
2. the licensee	d license will be of e has complied wit es are now open fo	h all laws of the r business (If no	e Common ot explain	wealth relatin		
	Individual, Partne	er or Authorized	Corporate	e Officer		
DATE:	TELEPHO	NE NUMBER:			YER IDENTIFICA Individual Social	
We the undersigned, Acts of 2004, signed named license and (2 of 2010.	by the building in	nspector and th	ne head of	the fire depa	ertment for the	e above
Please Check Below:  APPROVED:  DISAPPROVED:  (If disapproved explain	 n)			LOCAL LICE By:	NSING AUTH	ORITY
DATE:						



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## OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBEK: 03/200050		CITY OR TOWN	EDGARIC	JWN
APPLICATIO	N FOR RENEWAL:	Annual	LICE	NSED FOR 2	013
		CLASS			YEAR
DOING BUSIN	NESS A SOIGNE	AVALLO AND DIANA	3. RABAIOLI		
ADDRESS MA	AIN/COOKE STRE	ET			
CITY/TOWN:	EDGARTOWN	STATE: MA	ZIP CODE:	01344	
MANAGER:	CAVALLO, RONALD	TYPE OF LICENSE:P	ackage Store C	CATEGORY:	Wine and Malt Regular
EMAIL ADDR	RESS:		-		
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
ONE FLR. OP		REMISES: CONT ENTRANCE & EX DOOR INTO THE KITCH		FOREMENT	IONED
1. the 2. the	renewed license will licensee has complied premises are now op	enalties of perjury that:  I be of the same type for the ed with all laws of the Consen for business (If not expendent or Authorized Corp.)	nmonwealth relating blain below)		
	11101 / 101011, 2		50 <b></b>		
DATE:	TELE	PHONE NUMBER:			ΠΟΝ NUMBER: Security Number)
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICEN By:	SING AUTH	ORITY
DATE:					



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	IBER: 037200056		CITY OR TOWN EDGART	OWN
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE NA	ME: THE GRILL ON	I MAIN,INC.		
DOING BUSIN	ESS A			
ADDRESS 227	UPPER MAIN STREE	ET		
CITY/TOWN:	EDGARTOWN	STATE: MA	ZIP CODE: 02539	
	SACCOCCIA, T ANTONIO	YPE OF LICENSE: Re	staurant CATEGORY:	All Alcohol
EMAIL ADDRI	ESS:			
	PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION	OF LICENSED PREM	MISES:		
	OM, KITCHEN AND F		ORY WOOD FRAME BUILDII NG AREA. 15' X 20' ROOM W	
I hereby certify	and swear under penalt	ies of perjury that:		
1. the re	enewed license will be	of the same type for the	same premises now licensed;	
2. the li	censee has complied w	ith all laws of the Com	nonwealth relating to taxes; and	
3. the p	remises are now open f	or business (If not expl	ain below)	
SIGNED BY	Individual, Partr	ner or Authorized Corpo	orate Officer	
D 4 mg				
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICA	
			(Note: <u>NOT</u> Individual Social	Security Number)
Acts of 2004, si	igned by the building	inspector and the head	e certificate required by Chap d of the fire department for th rance required by Chapter 11	e above
Please Check Below	v:		LOCAL LICENSING AUTH	IORITY
APPROVED:			By:	
DISAPPROVEI				
(If disapproved	ехріаш)			
DATE:				



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LICENSE NUM	BER: 03/200061		CITY OR TOWN	EDGARTOWN
APPLICATION	FOR RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
LICENSEE NAM	ME: ATRIA MV	CORPORATION		
DOING BUSINE	ESS A ATRIA			
ADDRESS 137 I	MAIN STREET			
CITY/TOWN:	EDGARTOWN	STATE: MA	ZIP CODE:	02539
MANAGER: T	THORNTON, CHRISTIAN	TYPE OF LICENSE: Res	taurant C	ATEGORY: All Alcohol
EMAIL ADDRE	SS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION	OF LICENSED PI	REMISES:		
SEATING AREA APPROPRIATE	A. ONE EXIT IN ( . TOP FLOOR: PF	ICE THROUGH WRAP-AI CORNER OF BAR FOR EN RIVATE DINING ROOM & S ONE. PATIO SEATS GUI	MPLOYEES ONLY COFFICE. LEVEL	Y, AS NOT HEIGHT
I hereby certify a	nd swear under pe	nalties of perjury that:		
1. the re	newed license will	be of the same type for the	same premises now	licensed;
2. the lic	censee has complie	ed with all laws of the Comm	nonwealth relating	to taxes; and
3. the pr	remises are now op	en for business (If not expla	in below)	
SIGNED BY	Individual, F	Partner or Authorized Corpo	rate Officer	
DATE:	TELE	PHONE NUMBER:		R IDENTIFICATION NUMBER:
			(Note: NOT In	dividual Social Security Number)
Acts of 2004, sig	gned by the build	we are in possession (1) the ing inspector and the head cate of liquor liability insur	of the fire depart	ment for the above
Please Check Below APPROVED: DISAPPROVED (If disapproved e	):		LOCAL LICEN: By:	SING AUTHORITY
Tr	1 /			
DATE:				



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LICENSE NUMBER:	: 037200067		CITY OR TOWN	EDGARTO	)WN
APPLICATION FOR	RENEWAL:	Annual	LICEN	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	VINEYARD CAN	NTINA, INC.			
DOING BUSINESS A	A SHARKY'S CA	NTINA			
ADDRESS 266 UPPE	ER MAIN ST.				
CITY/TOWN: EDG	ARTOWN	STATE: MA	ZIP CODE:	02539	
MANAGER: BLAU JONA	J, TY THAN S.	YPE OF LICENSE: Res	staurant C	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EN	MAIL ADDRESS		_
DESCRIPTION OF L					
		ORY WOOD FRAME MAIN ST. OUTSIDE			
I hereby certify and sv	vear under penaltie	es of perjury that:			
1. the renewe	d license will be o	of the same type for the	same premises nov	v licensed;	
2. the license	e has complied wit	th all laws of the Comm	nonwealth relating	to taxes; and	
3. the premise	es are now open fo	or business (If not expla	nin below)		
SIGNED BY	Individual Partne	er or Authorized Corpo	rate Officer		
	marvidual, i urin	or ridinorized corpo	rate officer		
DATE:	TELEPHO	NE NUMBER:	EMPLOYE	R IDENTIFICAT	TION NUMBER:
	1 EEE 110	TE TOMBER.	(Note: NOT In	dividual Social S	Security Number)
Acts of 2004, signed	by the building in	re in possession (1) the nspector and the head of liquor liability insu	l of the fire depart	tment for the	above
Please Check Below:			LOCAL LICEN	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explai	n)				
DATE:					
DINIL.					



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LICENSE NUMBER:	037200071		CITY	OR TOWN	EDGARTO	OWN
APPLICATION FOR	RENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS	}			YEAR
LICENSEE NAME:	IL TESORO					
DOING BUSINESS A	IL TESORO AT	THE TERRACE	E			
ADDRESS 27 SOUT	H SUMMER STRI	EET				
CITY/TOWN: EDG/	ARTOWN	STATE:	MA ZII	P CODE:	02539	
MANAGER: BLAC	K, A.J. TY	TE OF LICENSE	E:Restaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
P	LEASE ALSO VISIT OUR V	VEBSITE AND ENTER YO	OUR EMAIL ADDE	RESS		_
DESCRIPTION OF L	ICENSED PREMI	ISES:				
LOCATED AT THE ( THE HOTELONCI LEADING OUTSIDE BACK LEFT	E INSIDE THE DI	NING ROOM, T	HERE ARE	TWO ADD	ITIONAL EX	XITS
I hereby certify and sv	vear under penaltie	s of perjury that:				
1. the renewe	d license will be of	f the same type fo	or the same pr	remises now	licensed;	
	e has complied with			_	o taxes; and	
3. the premise	es are now open for	r business (If not	explain belo	w)		
SIGNED BY	Individual, Partne	r or Authorized (	Corporate Of	ficer		
DATE:				EMPLOYER		
DATE.	TELEPHON	NE NUMBER:	1)			FION NUMBER: Security Number)
We the undersigned Acts of 2004, signed named license and (2 of 2010.	by the building in	spector and the	head of the	fire depart	ment for the	above
Please Check Below:			LOC	AL LICENS	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved explai	n)					
DATE:						



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## OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 037200072		CITY OR TOWN	EDGARTO	OWN
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	ISED FOR 20	)13
		CLASS			YEAR
LICENSEE NA	AME: SOPHIA'S O	NE STOP MART INC.			
DOING BUSI	NESS A				
ADDRESS 19	9 UPPER MAIN STI	REET			
CITY/TOWN:	EDGARTOWN	STATE: M	A ZIP CODE:	02539	
MANAGER:	RODRIGUES, PAULO C.	TYPE OF LICENSE:	Package Store C	ATEGORY:	Wine and Malt Regular
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOU	UR EMAIL ADDRESS		-
DESCRIPTION	N OF LICENSED PF	REMISES:			
SAMEPREM	MISES CONSIST OF	99 UPPER MAIN STR FA RETAIL FOOD ST CE ABOVE THE STOI	ORE AND MARKET		
I hereby certify	and swear under per	nalties of perjury that:			
1. the	renewed license will	be of the same type for	the same premises now	licensed;	
2. the	licensee has complied	d with all laws of the Co	ommonwealth relating	to taxes; and	
3. the	premises are now ope	en for business (If not e	xplain below)		
SIGNED BY					
	Individual, P	artner or Authorized Co	orporate Officer		
DATE:	TELEF	PHONE NUMBER:		R IDENTIFICAT	
			(Note: NOT In	dividual Social S	ecurity Number)
Please Check Belo	DW:		LOCAL LICEN	SING AUTHO	ORITY
APPROVED:			By:	311,0110111	
DISAPPROVE	ED:		·		
(If disapproved	l explain)				
DATE:			<del></del>		
שתום.					



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## OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 037200074		CIT	TY OR TOWN	EDGARTO	OWN
APPLICATION FO	R RENEWAL:	Annu	al	LICEN	SED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NAME:	EDGARTOV	VN MEAT & FISH	MARKET I	LLC		
DOING BUSINESS	S A					
ADDRESS 240 ED	GARTOWN RO	OAD				
CITY/TOWN: ED	GARTOWN	STATE:	MA	ZIP CODE:	02539	
MANAGER: REA	ADY, SEAN	TYPE OF LICEN	SE:Package	e Store C.	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS						
		OUR WEBSITE AND ENTER	YOUR EMAIL A	ADDRESS		
DESCRIPTION OF						
THE FIRST FLOOI						FND
	ENTRANCE AND EXIT FACING THE PARKING LOTA SECOND EXIT ON THE EAST END OF THE BUILDINGSTORAGE IN THE BASEMENT OF THE BUILDING					
I hereby certify and	swear under per	nalties of perjury tha	t:			
1. the renev	ved license will	be of the same type	for the sam	e premises now	licensed;	
2. the licens	see has complied	d with all laws of the	Commonv	vealth relating t	o taxes; and	
3. the prem	ises are now ope	en for business (If no	ot explain b	elow)		
SIGNED BY			. ~	0.00		
	Individual, P	artner or Authorized	Corporate	Officer		
D.A.TEE						
DATE:	TELEF	PHONE NUMBER:		EMPLOYER (Note: <u>NOT</u> Inc		ION NUMBER:
				(Note: NOT III)	iividuai Sociai S	ecurity Number)
Please Check Below:			L	OCAL LICENS	SING AUTHO	ORITY
APPROVED:			В	y:		
DISAPPROVED:	• >					
(If disapproved expl	aın)		<del></del>			
DATE:			_			



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LICENSE NUMBER	: 03/2000/8		CITY OR TOWN	EDGARTO	WIN
APPLICATION FOR	RENEWAL:	Annual	LICENS	SED FOR 20	13
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A		INEYARD, LLC			
ADDRESS 155 GLE					
CITY/TOWN: EDG		STATE: MA	ZIP CODE:	02539	
MANAGER: MOD				ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
F	LEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR EM	IAIL ADDRESS		l
DESCRIPTION OF I	ICENSED PREMIS	SES:			
TWO STORY FARM TASTING ROOM AI CONNECTING DOO A WINE FERMENT.	ND A WINE SALES OR BETWEEN THE	S ROOM, EACH HA TWO ROOMS. THI	VING ONE ENTRY ERE IS ALSO A LO	Y DOOR AN	D ONE
I hereby certify and sv	wear under penalties	of perjury that:			
1. the renewe	ed license will be of	the same type for the	same premises now	licensed;	
	-	all laws of the Comm business (If not expla	_	taxes; and	
SIGNED BY	Individual, Partner	or Authorized Corpo	rate Officer		
DATE:	TELEPHON	E NI IMRER:	EMPLOYER	IDENTIFICAT	ION NUMBER:
	TEELITON	LIVOMBLK.	(Note: NOT Ind	ividual Social Se	ecurity Number)
We the undersigned Acts of 2004, signed named license and (of 2010.	by the building ins	pector and the head	of the fire departr	nent for the	above
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	in)				
DATE:					
· <del></del>					



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0372000	79	CITY OR TOWN EDGAL	RTOWN
APPLICATION FOR RENEW	AL: Annual	LICENSED FOR	R 2013
	CLASS		YEAR
LICENSEE NAME: THE TE	RRACE AT THE CHARLOTT	TE INN, LLC	
DOING BUSINESS A			
ADDRESS 27 SOUTH STREE	T		
CITY/TOWN: EDGARTOWN	N STATE: MA	ZIP CODE: 02539	
MANAGER:	TYPE OF LICENSE: Re	staurant CATEGOR	RY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO	VISIT OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LICENSEI	O PREMISES:		
THE PROPERTY AT 27 SOU' INCLUDING THE DINING R STORAGE WITH AN ENTRA TERRANCE AND REAR OF T	OOM, TERRACE, GREEN RO NCE AT SOUTH SUMMER :	OOM, KITHCEN AND BASE	EMENT FOR
I hereby certify and swear unde	r penalties of perjury that:		
1. the renewed license	will be of the same type for the	same premises now licensed;	;
	plied with all laws of the Com		nd
3. the premises are nov	v open for business (If not expl	ain below)	
SIGNED BY Individu	al, Partner or Authorized Corpo	orate Officer	
DATE: TE	ELEPHONE NUMBER:	EMPLOYER IDENTIFI	CATION NUMBER:
		(Note: NOT Individual Soc	cial Security Number)
We the undersigned, attest the Acts of 2004, signed by the benamed license and (2) the cert of 2010.	uilding inspector and the hea	d of the fire department for	the above
Please Check Below:		LOCAL LICENSING AU	THORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			